

APPENDIX B:
PROVIDER SURVEY INSTRUMENT

1 Are you a...?

- ☐ Doctor of Medicine (MD)
- ☐ Osteopath (DO)
- ☐ Chiropractor (DC) → GO TO 6
- ☐ Psychologist (PhD) → GO TO 6
- ☐ Podiatrist (DPM) → GO TO 3
- ☐ Acupuncturist (LAc) → GO TO 6
- ☐ Other → GO TO 46

2 What is your primary specialization, if any?

- ☐ Allergy and Immunology
- ☐ Anesthesiology / Pain Management
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ General Surgery
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Occupational Medicine
- ☐ Orthopedic Surgery
- ☐ Physical Medicine & Rehabilitation
- ☐ Plastic Surgery
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Other: _____
- ☐ None → GO TO 6

3 Are you board certified in this specialty?

- ☐ Yes
- ☐ No

PODIATRISTS → GO TO 6

4 What is your secondary specialization, if any?

- ☐ Allergy and Immunology
- ☐ Anesthesiology / Pain Management
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ General Surgery
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Occupational Medicine
- ☐ Orthopedic Surgery
- ☐ Physical Medicine & Rehabilitation
- ☐ Plastic Surgery
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Other: _____
- ☐ None → GO TO 6

5 Are you board certified in this specialty?

- ☐ Yes
- ☐ No

6 How long have you been a licensed health care provider?

- # of years
- ☐ Less than 1 year
- ☐ Don't know

7 Do you currently **accept or treat** WC patients?

- ☐ Yes → GO TO 14
- ☐ No
- ☐ Don't know

8 What year did you last treat any WC patients?

- ☐ 2006
- ☐ 2005
- ☐ 2004
- ☐ 2003
- ☐ 2002
- ☐ 2001
- ☐ 2000 or earlier → GO TO 46
- ☐ Never → GO TO 46
- ☐ Don't know → GO TO 46

SECTION A: COMPLETE IF YOU USED TO TREAT WC PATIENTS

- 9 Approximately what percent of your patients were Workers' Compensation when you last treated such patients?

% of WC patients

☐ Don't know

- 10 For how many years did you treat Workers' Compensation patients?

years

☐ Less than 1 year

☐ Don't know

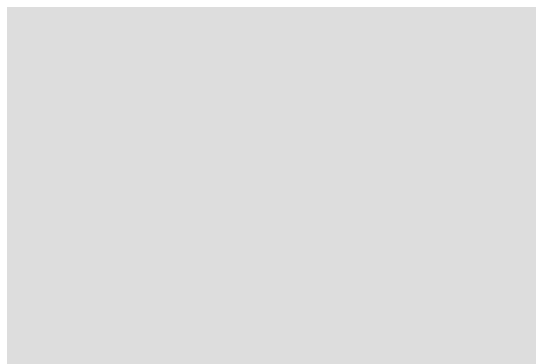
- 11 Do you plan to treat Workers' Compensation patients again in the future?

☐ Yes

☐ No

☐ Don't know

- 12 Why did you stop treating Workers' Compensation patients?



- 13 In your Workers' Compensation practice, were you generally paid at...

☐ The fee schedule or higher

☐ A discounted rate of 15% or less off the fee schedule

☐ A discounted rate of more than 15% off the fee schedule

☐ Don't know / No opinion

END OF SECTION A
IF YOU NO LONGER ACCEPT OR TREAT WC PATIENTS → GO TO 46

SECTION B: COMPLETE IF YOU CURRENTLY ACCEPT OR TREAT WC PATIENTS

- 14** Approximately what percent of your current patients are WC?

% WC patients
☐ Don't know

- 15** How many WC patients do you treat in a typical week?

☐ Less than one patient
☐ 1 to 5 patients
☐ 6 to 20 patients
☐ 21 or more patients
☐ Don't know

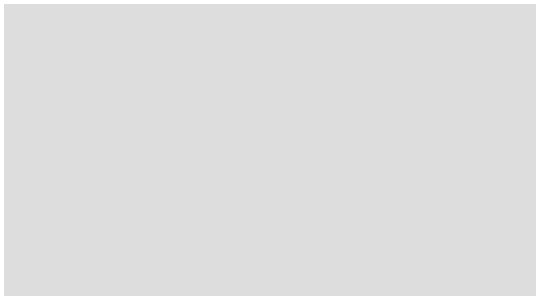
- 16** How many **new** WC patients do you treat in a typical month?

of new WC patients
☐ None
☐ Not applicable / not accepting
☐ Don't know

- 17** How many years have you been treating WC patients?

years
☐ Less than 1 year
☐ Don't know

- 18** Why do you treat WC patients?



- 19** Do you do WC medical-legal evaluations? (i.e. to clarify disputed medical issues such as whether injury occurred during the course of employment or the level of permanent disability)

☐ Yes
☐ No
☐ Don't know

- 20** Do you see Medi-Cal / Medicaid patients?

☐ Yes
☐ No
☐ Don't know

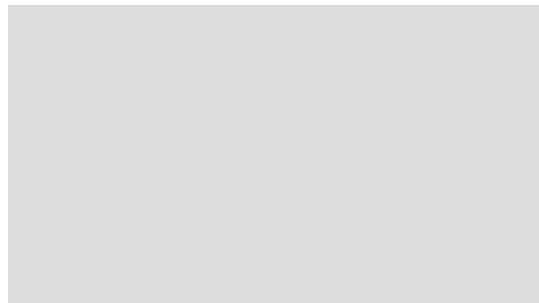
- 21** For non-emergency care, how many days does a new WC patient have to wait to see you?

☐ same day, or
 # days
 # weeks
 # months
☐ Not applicable / not accepting
☐ Don't know

- 22** Since the beginning of 2004, has the percent of WC patients you see...

☐ Increased
☐ Decreased → GO TO **24**
☐ Stayed the same → GO TO **25**
☐ Don't know → GO TO **25**

- 23** What are the reasons for this increase?



SECTION B: COMPLETE IF YOU CURRENTLY ACCEPT OR TREAT WC PATIENTS

24 What are the reasons for this decrease?

28 What barriers, if any, do you experience in providing **quality care** in the current WC system?

25 In the future, do you plan to change the volume of WC patients in your practice?

- ☐ Decrease / thinking about decreasing
- ☐ Plan to / thinking about quitting entirely
- ☐ Increase / thinking about increasing → GO TO **27**
- ☐ Maintain at the same level → GO TO **27**
- ☐ Don't know → GO TO **27**

26 Why do you plan to decrease the number of WC patients you see?

→ GO TO **28**

27 What would help you continue to treat WC patients?

29 Once you have authorization, which specialties or disciplines are easiest to refer WC patients to? Check all that apply.

- ☐ Acupuncture
- ☐ Allergy and Immunology
- ☐ Anesthesiology / Pain Management
- ☐ Chiropractic
- ☐ Dermatology
- ☐ Dentistry
- ☐ Family Medicine
- ☐ General Surgery
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Occupational Medicine
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Orthopedic Surgery
- ☐ Physical Medicine & Rehabilitation
- ☐ Physical Therapy
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Psychiatry
- ☐ Psychology
- ☐ Radiology
- ☐ Other:
- ☐ All equally easy
- ☐ None are easy
- ☐ Not applicable / do not refer → GO TO **31**
- ☐ Don't know

CONTINUE ON PAGE 5

SECTION B: COMPLETE IF YOU CURRENTLY ACCEPT OR TREAT WC PATIENTS

- 30** Once you have authorization, which specialties or disciplines are hardest to refer WC patients to? Check all that apply.

- ☐ Acupuncture
- ☐ Allergy and Immunology
- ☐ Anesthesiology / Pain Management
- ☐ Chiropractic
- ☐ Dermatology
- ☐ Dentistry
- ☐ Family Medicine
- ☐ General Surgery
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Occupational Medicine
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Orthopedic Surgery
- ☐ Physical Medicine & Rehabilitation
- ☐ Physical Therapy
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Psychiatry
- ☐ Psychology
- ☐ Radiology
- ☐ Other:
- ☐ All equally hard
- ☐ None are hard
- ☐ Not applicable / do not refer
- ☐ Don't know

- 31** How often do you feel you understand the physical and mental demands of the worker's job?

- ☐ Never
- ☐ Some of the time
- ☐ Half the time
- ☐ Most of the time
- ☐ Always
- ☐ Don't know

- 32** How often do you discuss with your WC patients their work status or ability to return to work?

- ☐ Never
- ☐ Some of the time
- ☐ Half the time
- ☐ Most of the time
- ☐ Always
- ☐ Don't know

- 33** How often do you or your staff contact the employer about the availability of modified work, if applicable?

- ☐ Never → GO TO **35**
- ☐ Some of the time
- ☐ Half the time
- ☐ Most of the time
- ☐ Always
- ☐ Don't know

- 34** How often are you compensated for time spent contacting employers regarding modified work?

- ☐ Never
- ☐ Some of the time
- ☐ Half the time
- ☐ Most of the time
- ☐ Always → GO TO **36**
- ☐ Don't know

- 35** Would you contact employers more often if you were compensated specifically to do so?

- ☐ Yes
- ☐ No
- ☐ Don't know / No opinion

**SECTION B:
COMPLETE IF YOU CURRENTLY
ACCEPT OR TREAT WC PATIENTS**

- 36** Since the beginning of 2004, do you feel injured workers' **access** to health care has...?

☐ Improved
☐ Stayed about the same
☐ Declined
☐ Don't know / No opinion

- 37** Since the beginning of 2004, do you feel injured workers' **quality** of health care has...?

☐ Improved
☐ Stayed about the same
☐ Declined
☐ Don't know / No opinion

- 38** Please rate the following: In general, injured workers have adequate access to quality health care and health care products.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ Don't know / No opinion

- 39** In your Workers' Comp. practice, are you generally paid at...

☐ The fee schedule or higher
☐ A discounted rate of 15% or less off the fee schedule
☐ A discounted rate of more than 15% off the fee schedule
☐ Don't know / No opinion

**SECTION C:
ABOUT YOUR PRACTICE**

- 40** Zip code of primary office location where you see the largest volume of WC patients:

[Primary office zip code]

- 41** What is your primary practice setting?

☐ Solo practice → GO TO **43**
☐ Group practice
☐ Hospital clinic, community health center, public clinic
☐ Other:

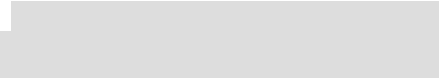
- 42** Excluding yourself, how many other doctors practice in your primary office location?

☐ One
☐ 2-10
☐ 11-59
☐ 51-100
☐ More than 100

CONTINUE ON PAGE 8

SECTION C: ABOUT YOUR PRACTICE

43 What languages, besides English, do you or your staff speak in your office? Check all that apply.

- ☐ None / English only
- ☐ Asian Indian languages
- ☐ Cantonese
- ☐ Korean
- ☐ Mandarin
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Other: 

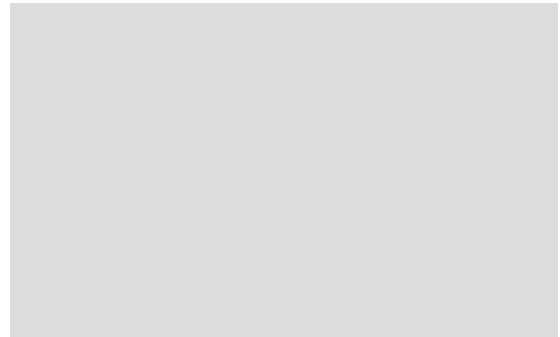
44 In your WC practice, are you currently contracted with a Health Care Organization (HCO) and/or a Medical Provider Network (MPN)? Check all that apply.

- ☐ Health Care Organization (HCO)
- ☐ Medical Provider Network (MPN)
- ☐ Neither
- ☐ Don't know

45 Are you currently contracted with an HMO and/or a PPO? Check all that apply.

- ☐ HMO
- ☐ PPO
- ☐ None of the above
- ☐ Don't know

46 Do you have any other comments about injured workers' access to health care?



END OF SURVEY

Thank you very much for your time. Your responses will improve our understanding of the challenges of providing Workers' Compensation care in California.